

LUK, Inc.

545 Westminster Street, Fitchburg, MA 01420

All Programs

Consent for Media Usage

I authorize LUK, Inc. to use media noted* below of

Person's Name: _____ **Date of Birth:** _____

as authorized in this consent.

I am signing on behalf of:

☐ Myself ☐ My Child ☐ The Child for whom I am Guardian

Parent/Guardian Name (if applicable): _____

I hereby authorize LUK, Inc. to use media noted below in publications, news releases, online, and in other communications related to the mission of LUK for marketing purposes.

**Check all that apply:*

☐ Photographs ☐ Video ☐ Audio ☐ Creative (e.g. artwork) ☐ Written Story ☐ Other: _____

For the following intent (to be filled out by LUK Staff): _____

Please check all the boxes below to acknowledge your understanding.

☐ I understand that Acceptance or refusal will in no way impact current or future services.

☐ I understand that I may alter or revoke this consent, in writing, at any time except to the extent that LUK, Inc. has already released and/or received photographs in reliance on this form.

☐ I understand that my authorization will remain active, unless withdrawn, and that my consent and release is binding upon me, my heirs, executors and administrators.

☐ I have read and understand the terms of this Consent and have executed it voluntarily.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

If the person is an adult and does not sign the above consent, the person who does sign must prove, with written documentation, the authority to do so.

PLEASE RETURN TO:

MAIL:

LUK, Inc.
Attn: Administration
545 Westminster Street
Fitchburg, MA 01420

FAX:

978-345-3602

EMAIL:

Marketing@LUK.org